Case 16-10811 Doc 1 Filed 03/30/16 Entered 03/30/16 10:29:06 Desc Main Document Page 1 of 58

| Fill in this information to identify your case: | | |
|---|-------------------------------|-------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself | | | |
|-----|--|--|---|------------------------|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case | Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Jared First name Anthony Middle name | First name Middle name | |
| | Bring your picture identification to your meeting with the trustee. | Minton Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | Īr., II, III) |
| 2. | All other names you hav used in the last 8 years | e | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1934 | | |

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Case number (if known)

Debtor 1 **Jared Anthony Minton**

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 1622 S. Blue Island Ave 2A Chicago, IL 60608 | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Case number (if known) Case 16-10811 Doc 1 Filed 03/30/16 Desc Main

Document Case number (if known) Debtor 1 Jared Anthony Minton

| •ar | t 2: Tell the Court About | Your E | Bankruptcy Ca | ise | | | |
|------------|--|--------|---------------------------------|--|---|---|----------------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see Notice Required by page 1 and check the appropria | 11 U.S.C. § 342(b) for Individuals Filing for Ban te box. | kruptcy |
| | choosing to file under | | Chapter 7 | | | | |
| | | | Chapter 11 | | | | |
| | | | Chapter 12 | | | | |
| | | | Chapter 13 | | | | |
| | | | · | | | | |
| 3. | How you will pay the fee | • | about how yo | ou may pay. Typ attorney is subr | ically, if you are paying the fee y | ck with the clerk's office in your local court for mo ourself, you may pay with cash, cashier's check, ealf, your attorney may pay with a credit card or o | , or money |
| | | | | | tallments. If you choose this opti | on, sign and attach the Application for Individual | ls to Pay |
| | | | but is not req applies to yo | uired to, waive y ur family size ar | your fee, and may do so only if your fee, and may do so only if you you are unable to pay the fee i | on only if you are filing for Chapter 7. By law, a jubur income is less than 150% of the official pove on installments). If you choose this option, you m cial Form 103B) and file it with your petition. | erty line that |
|) . | Have you filed for bankruptcy within the | ■ N | | | | | |
| | last 8 years? | ПΥ | | | NA/II. a. a | Occasional | |
| | | | District | | When When | Case number | |
| | | | District | | when When | Case number Case number | |
| | | | District | | vviieii | Case number | |
| 10. | Are any bankruptcy | ■ N | lo | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ΠY | es. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your | □N | lo. Go to I | ine 12. | | | |
| | residence? | ■ Y | es. Has yo | our landlord obta | ained an eviction judgment agains | st you and do you want to stay in your residence | ? |
| | | | • | No. Go to line | 12. | | |
| | | | | Yes. Fill out In bankruptcy per | | Judgment Against You (Form 101A) and file it w | vith this |
| | | | | | | | |

Document Page 4 of 58 Case number (if known) Debtor 1 **Jared Anthony Minton** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Jared Anthony Minton

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | Case 16-1 | 10811 | DOC 1 | Document | Page 6 of 58 | J:29:06 Desc Main |
|-----|--|---|---|------------------------------|---|---|
| Deb | tor 1 Jared Anthony Mi | nton | | | Case num | nber (if known) |
| Par | 6: Answer These Quest | ions for R | eporting Pu | urposes | | |
| 16. | What kind of debts do you have? | 16a. | | | er debts? Consumer debts are damily, or household purpose." | lefined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | □ No. Go f | to line 16b. | | |
| | | | Yes. Go | o to line 17. | | |
| | | 16b. | | | s debts? Business debts are debts or through the operation of the b | |
| | | | ☐ No. Go | to line 16c. | | |
| | | | ☐ Yes. Go | o to line 17. | | |
| | | 16c. | State the ty | :ype of debts you owe that | t are not consumer debts or busir | ness debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not fili | ling under Chapter 7. Go t | to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | | estimate that after any exempt port to distribute to unsecured creditor | roperty is excluded and administrative expense ors? |
| | administrative expenses are paid that funds will | | ■ No | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-1 □ 200-9 | 99 | | □ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 |
| 19. | How much do you estimate your assets to be worth? | □ \$100, | 550,000 101 - \$100,00 1001 - \$500,0 1001 - \$1 milli | 00 000 | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | □ \$100, | 550,000 001 - \$100,00 ,001 - \$500,0 ,001 - \$1 milli | 000 000 | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Par | 7: Sign Below | | | | | |
| | you | I have ex | camined this | s petition, and I declare un | der penalty of perjury that the inf | ormation provided is true and correct. |
| | | | | | | ole, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. |
| | | | | | or agree to pay someone who is a required by 11 U.S.C. § 342(b). | not an attorney to help me fill out this |
| | | I request | relief in acco | cordance with the chapter | of title 11, United States Code, s | pecified in this petition. |
| | | bankrupt and 357 | tcy case can | result in fines up to \$250 | | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519 |
| | | Jared A | Anthony Mi e of Debtor 1 | linton | Signature of Del | otor 2 |

Executed on

MM / DD / YYYY

Executed on March 21, 2016 MM / DD / YYYY

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Debtor 1 Jared Anthony Minton

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Karl R. Niebuhr | Date | March 21, 2016 |
|--|---------------|----------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Karl R. Niebuhr | | |
| Printed name | | |
| Niebuhr Law Firm | | |
| Firm name | | |
| PO Box 10407 | | |
| Peoria, IL 61612-0407 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (309) 689-0787 | Email address | |
| Day aurehan 9. Chata | | |
| Bar number & State | | |

| | | 1700.11111 | .111 | |
|---------------------|--------------------------|-------------------|-------------|-------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Jared Anthony M | inton | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is a amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets | | |
|----|--|--------------|-------------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 3,515.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 3,515.00 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | abilities I you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 290.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 58,721.36 |
| | Your total liabilities | \$ | 59,011.36 |
| Pa | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,194.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,011.00 |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | a personal, | family, or |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14. |

900.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 290.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 40,000.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 40,290.00 |

| | | Docume | nt Page 10 of 58 | | |
|--|---|---|--|---|---|
| this inforr | mation to identify your | case and this filing: | | | |
| · 1 | Jared Anthony M | linton | | | |
| | First Name | Middle Name | Last Name | | |
| 2 | | | | | |
| , if filing) | First Name | Middle Name | Last Name | | |
| States Ba | ankruptcy Court for the: | NORTHERN DISTRICT C | F ILLINOIS | | |
| | | | | | _ |
| number _ | | | | | ☐ Check if this is an amended filing |
| | | | | | amenaea ming |
| | | | | | |
| cial Fo | rm 106A/B | | | | |
| edul | e A/B· Pron | ertv | | | 12/15 |
| | | | ace. If an asset fits in more than o | ne category list the asset in | |
| fits best. B tion. If more | se as complete and accura e space is needed, attach | ate as possible. If two married | d people are filing together, both a | re equally responsible for s | upplying correct |
| Describe | Each Residence, Building | g, Land, or Other Real Estate | You Own or Have an Interest In | | |
| | have any lawel an arrived | le interest in ever-selder | uildian land and indianant of C | | |
| ou own or r | nave any legal or equitabl | e interest in any residence, b | uilding, land, or similar property? | | |
| o. Go to Par | rt 2. | | | | |
| es. Where is | s the property? | | | | |
| | | | | | |
| Describe | Your Vehicles | | | | |
| s, vans, tro o es | ucks, tractors, sport u | tility venicles, motorcycle | 5 | | |
| Make: | Tovota | Who has an interes | ast in the property? Check one | Do not deduct secured of | claims or exemptions. Put |
| _ | | | St III the property: Check one | the amount of any secur | ed claims on Schedule D: |
| woder. | | Debtor 1 only | | Cieditors with thave Cie | |
| Year. | | Dobtor 2 anly | | | ims Secured by Property. |
| _ | 1999 | □ Debtor 2 only + Mi □ Debtor 1 and Debtor 1. | ebtor 2 only | Current value of the entire property? | ims Secured by Property. Current value of the |
| Year: Approximat Other inform | 1999 te mileage: 200,000 | + Mi Debtor 1 and D | ebtor 2 only the debtors and another | Current value of the entire property? | ims Secured by Property. |
| Approximat | 1999 te mileage: 200,000 | + Mi Debtor 1 and D | • | entire property? | Current value of the portion you own? |
| Approximat | 1999 te mileage: 200,000 | + Mi □ Debtor 1 and D □ At least one of t □ Check if this is | • | | ims Secured by Property. Current value of the |
| Approximat | 1999 te mileage: 200,000 | + Mi ☐ Debtor 1 and D☐ At least one of t☐ | the debtors and another | entire property? | Current value of the portion you own? |
| ercraft, air mples: Boa o es d the dollares you ha | te mileage: 200,000 mation: rcraft, motor homes, A tts, trailers, motors, pers ar value of the portion ave attached for Part 2. | H Mi ☐ Debtor 1 and D☐ At least one of t☐ Check if this is (see instructions) ATVs and other recreation onal watercraft, fishing vessional water that number here | tries from Part 2, including an | \$500.00 d accessories ccessories | Current value of the portion you own? |
| | 2 if filing) States Banumber Cial Formation of the content of the | Jared Anthony N First Name 2 if filing) States Bankruptcy Court for the: number Cial Form 106A/B Dedule A/B: Prop Category, separately list and descrititis best. Be as complete and accuration. If more space is needed, attachevery question. Describe Each Residence, Building ou own or have any legal or equitable of the county of the | In a second seco | Anthony Minton First Name Print Name Middle Name Last Name | This information to identify your case and this filing: Jared Anthony Minton |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| Debtor 1 | Case 16-10811 Doc 1 Filed 03/30/16 Entered 03/30/16 10:29:06 Document Page 11 of 58 Case number (if known) | Desc Main |
|-----------------------|--|--------------------------------------|
| ■ Yes. | Describe | |
| | Household furnishings including dining, living and bedroom furniture; and kitchen items | \$500.00 |
| □No | nics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music co including cell phones, cameras, media players, games Describe | lections; electronic devices |
| | TV. computer and phone | \$1,112.00 |
| Example No | bles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, of other collections, memorabilia, collectibles Describe | or baseball card collections; |
| | cds, books and misc items | \$104.00 |
| Exampl | leat for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes as musical instruments Describe camera and sports equipment | nd kayaks; carpentry tools; \$365.00 |
| | camera and sports equipment | |
| ■ No | ms ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe | |
| □ No | bles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe | |
| | clothing for the family | \$357.00 |
| □ No | ry poles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, go Describe | ld, silver |
| | Jewelry and watch | \$58.00 |
| <i>Exam</i> µ ■ No | prim animals ples: Dogs, cats, birds, horses Describe | |
| ■ No | ther personal and household items you did not already list, including any health aids you did not list Give specific information | |

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) Debtor 1 **Jared Anthony Minton** 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,496,00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash on hand \$8.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Chase Bank \$411.00 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No

| | | Case II | 0-10911 | DOC I | Document | Page 13 of 58 | 0/10 10.29.00 | Desc Main |
|----|---------------------------|-----------------------------------|---|-----------------------------|--|--|---------------------------|---|
| De | btor 1 | Jared Ant | hony Mintor | า | Document | —————————————————————————————————————— | ase number (if known) | |
| | □ Yes | | Institution nar | me and desc | ription. Separately file th | e records of any interes | sts.11 U.S.C. § 521(c): | |
| | ■ No | - | future interes | | rty (other than anythin | g listed in line 1), and | rights or powers exe | rcisable for your benefit |
| | Exam _l ■ No | oles: Internet o | | , websites, pr | ts, and other intellecture ceeds from royalties a | | ts | |
| | <i>Exam</i> µ ■ No | oles: Building | s, and other goermits, exclusion information ab | sive licenses, | ngibles cooperative association | n holdings, liquor licens | es, professional license | es |
| Мо | oney or | property owe | ed to you? | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | funds owed to | • | out them, inc | luding whether you alre | ady filed the returns and | d the tax years | |
| | | | | 2016 | Tax refund expecte | ed | federal and state | e \$100.00 |
| | <i>Exam</i> µ ■ No | | or lump sum a | | isal support, child suppo | ort, maintenance, divorc | ce settlement, property | settlement |
| | Exam _l ■ No | oles: Unpaid w | unpaid loans y | y insurance p | payments, disability ben someone else | efits, sick pay, vacation | pay, workers' comper | esation, Social Security |
| | | ets in insuran oles: Health, d | | insurance; h | ealth savings account (l | HSA); credit, homeown | er's, or renter's insuran | се |
| | | Name the ins | | ny of each po pany name: | olicy and list its value. | Beneficiar | y: | Surrender or refund value: |
| | If you a some of | are the benefi one has died. | ciary of a living | | someone who has die t proceeds from a life in | | urrently entitled to rece | ive property because |
| | ⊔ Yes. | Give specific | information | | | | | |
| | Examµ ■ No | | s, employment | | rou have filed a lawsui surance claims, or rights | | or payment | |
| | | | | ed claims of | every nature, including | g counterclaims of the | e debtor and rights to | set off claims |
| | ■ No | Describe eac | - | | - 1.5. y | g | and rigino to | |

Official Form 106A/B Schedule A/B: Property page 4

| Debte | or 1 | Case 16-10811 Jared Anthony Minto | | Filed 03/30/16 Document | Entered 03 Page 14 of | 3/30/16 10:29:06 58 Case number (if known) | Desc Main |
|----------------|--------|--|--------------------|----------------------------|--------------------------|--|------------------------|
| 35 A | nv fin | nancial assets you did not | | | | , | |
| | No | | | | | | |
| | Yes. | Give specific information | | | | | |
| | | | | | | | |
| | | he dollar value of all of your series that number he | | | | | \$519.00 |
| Part 5 | Des | scribe Any Business-Related | Property You C | Own or Have an Interest | n. List any real esta | ate in Part 1. | |
| 37. D o | you c | own or have any legal or equi | itable interest ir | any business-related p | roperty? | | |
| | No. Go | to Part 6. | | | | | |
| | Yes. G | Go to line 38. | | | | | |
| | | | | | | | |
| Part 6 | | scribe Any Farm- and Comme ou own or have an interest in fa | | | n or Have an Interes | st In. | |
| 46. D | o you | ı own or have any legal or | equitable int | erest in any farm- or o | commercial fishir | ng-related property? | |
| _ | | Go to Part 7. | · | · | | | |
| [| ☐ Yes. | . Go to line 47. | | | | | |
| | | | | | | | |
| Part 7 | 7: | Describe All Property You | Own or Have an | Interest in That You Dic | Not List Above | | |
| 53 D | 0 7011 | - I have other property of a | ny kind you d | id not already list? | | | |
| | | ples: Season tickets, country | | | | | |
| | No | | | | | | |
| | Yes. | Give specific information | | | | | |
| 5 4 | | h - delle | | Dani 7 Walter that | | | ** |
| 54. | Add t | he dollar value of all of yo | our entries tro | m Part 7. Write that n | umber nere | | \$0.00 |
| Don't C | | List the Totals of Fook Bont | -f4b:- F | | | | |
| Part 8 |): | List the Totals of Each Part | or this Form | | | | |
| 55. | Part 1 | l: Total real estate, line 2 | | | | | \$0.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | | | \$500.00 | | |
| 57. | Part 3 | 3: Total personal and hous | sehold items, | line 15 | \$2,496.00 | | |
| | | l: Total financial assets, li | | | \$519.00 | | |
| | | 5: Total business-related p | | | \$0.00 | | |
| | | 6: Total farm- and fishing- | | | \$0.00 | | |
| 61. | Part 7 | 7: Total other property not | t listed, line 5 | 4 + | \$0.00 | | |
| 62. | Total | personal property. Add lin | nes 56 through | 61 | \$3,515.00 | Copy personal property t | otal \$3,515.00 |
| 63. | Total | of all property on Schedu | ıle A/B. Add lir | ne 55 + line 62 | | | \$3,515.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this infor | rmation to identify your | case: | | | | | |
|-------------------------------|--------------------------|-------------------|-------------|--|--|--|--|
| Debtor 1 Jared Anthony Minton | | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | | |
| Case number | | | | | | | |
| (if known) | | | | | | | |
| | | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | u Claim a | s Exempt |
|---------|----------|---------|-----------|-----------|----------|
|---------|----------|---------|-----------|-----------|----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | e Amount of the exemption you claim | | Specific laws that allow exemption |
|--------------------------------------|-------------------------------------|---|--|
| Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| \$500.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$1,112.00 | | \$1,112.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$104.00 | • | \$104.00 | 735 ILCS 5/12-1001(a) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$365.00 | | \$365.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| | \$500.00 \$1,112.00 \$104.00 | \$500.00 | \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$100% of fair market value, up to any applicable statutory limit \$1,112.00 \$100% of fair market value, up to any applicable statutory limit \$1,00% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit |

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Case number (if known)

| De | Jared Antinony Williton | | | | | | | |
|----|---|--------------------------------------|---------|---|------------------------------------|--|--|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | |
| | clothing for the family Line from Schedule A/B: 11.1 | \$357.00 | | \$357.00 | 735 ILCS 5/12-1001(b) | | | |
| | Enteriori denedate A.B. TTT | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Jewelry and watch Line from Schedule A/B: 12.1 | \$58.00 | | \$58.00 | 735 ILCS 5/12-1001(b) | | | |
| | Line from Scriedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Cash on hand Line from Schedule A/B: 16.1 | \$8.00 | | \$8.00 | 735 ILCS 5/12-1001(b) | | | |
| | Line nom Schedule A/B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Chase Bank Line from Schedule A/B: 17.1 | \$411.00 | | \$411.00 | 735 ILCS 5/12-1001(b) | | | |
| | Line IIoiii Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | federal and state: 2016 Tax refund expected | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) | | | |
| | Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/16 and every | | | led on or after the date of adjustmer | nt.) | | | |
| | ■ No | • | | · | | | | |
| | ☐ Yes. Did you acquire the property cove | red by the exemption wi | ithin 1 | ,215 days before you filed this case | ? | | | |
| | □ No | | | | | | | |
| | □ Yes | | | | | | | |

| Fill in this info | rmation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1 | Jared Anthony M | inton | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| Fill | in this informa | ation to identify your | case: | Document | Paue to UE | 00 | | |
|------------------------------------|--|---|---|---|--|---|--|--|
| De | btor 1 | Jared Anthony Mi | inton | | | | | |
| D - 1 | h. (0 | First Name | Middl | e Name | Last Name | | | |
| | btor 2 ouse if, filing) | First Name | Middl | e Name | Last Name | | | |
| Uni | ited States Bank | cruptcy Court for the: | NORTHE | RN DISTRICT OF ILL | INOIS | | | |
| | se number | | | _ | | | _ | if this is an ed filing |
| Դք։ | ficial Form | 106E/E | | | | | | |
| | | <u>-₁₀₀∟₁.</u> F: Creditors W | ho Hav | e Unsecured | Claims | | | 12/15 |
| nny Scho Scho eft. nam | executory contra edule G: Executo edule D: Creditor Attach the Conti e and case numb | , | that could r ired Leases ured by Pro e. If you hav | esult in a claim. Also lis (Official Form 106G). Do perty. If more space is n re no information to rep | st executory contract o not include any cre eeded, copy the Part | s on Schedule A/B: P ditors with partially s you need, fill it out, I | roperty (Official For ecured claims that a number the entries in | m 106A/B) and on re listed in the boxes on the |
| | | of Your PRIORITY Un s have priority unsecure | | | | | | |
| 1. | No. Go to Par | . , | u ciaims aga | ainst you? | | | | |
| | Yes. | 12. | | | | | | |
| 2. | List all of your p identify what type possible, list the o | priority unsecured claims of claim it is. If a claim ha claims in alphabetical orde an one creditor holds a pa | s both prioriter according | ty and nonpriority amounts to the creditor's name. If y | s, list that claim here a ou have more than tw | nd show both priority a | nd nonpriority amount | s. As much as |
| | (For an explanation | on of each type of claim, s | see the instru | ctions for this form in the | instruction booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Priority Cred PO Box 1 | 9043 | nue | Last 4 digits of account | | \$93.00 | \$93.00 | \$0.00 |
| | | et City State Zlp Code | | As of the date you file, | the claim is: Check a | II that apply | | |
| | Who incurred t | the debt? Check one. | | ☐ Contingent | | | | |
| | Debtor 1 onl | y | | ☐ Unliquidated | | | | |
| | Debtor 2 onl | у | | ☐ Disputed | | | | |
| | Debtor 1 and | d Debtor 2 only | | Type of PRIORITY unse | ecured claim: | | | |
| | ☐ At least one | of the debtors and anothe | er | ☐ Domestic support ob | ligations | | | |
| | ☐ Check if thi | s claim is for a commur | nity debt | Taxes and certain of | her debts you owe the | government | | |
| | | bject to offset? | | ☐ Claims for death or p | ersonal injury while yo | u were intoxicated | | |
| | ■ No | | | Other. Specify | | | | |
| | ☐ Yes | | | lax | kes | | | |
| 2.2 | Priority Cred | | | Last 4 digits of accoun | | \$197.00 | \$197.00 | \$0.00 |
| | Philadelp | respondence 5-E08 bhia, PA 19255-0521 eet City State Zlp Code | | When was the debt inc | | | | |
| | | the debt? Check one. | | As of the date you file, | the claim is: Check a | iii that appiy | | |
| | ■ Debtor 1 onl | | | ☐ Contingent | | | | |
| | □ Debtor 2 onl | • | | ☐ Unliquidated | | | | |
| | _ | | | ☐ Disputed Type of PRIORITY unse | ecured claim: | | | |
| | Debtor 1 and | • | | Domestic support ob | | | | |
| | | of the debtors and anothe | | • • | | | | |
| | Is the claim su | s claim is for a commur bject to offset? | nity debt | ■ Taxes and certain of□ Claims for death or p | - | - | | |
| | ■ No | | | Other. Specify | | | | |
| | ☐ Yes | | | Tax | xes | | | |

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Debtor 1 Jared Anthony Minton

| Part 2: List All of Your NONPI | RIORITY Unsecure | d Claims | | | | | |
|---|--------------------------|--|-------------------------|--|--|--|--|
| 3. Do any creditors have nonpriorit | y unsecured claims a | against you? | | | | | |
| ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | | | | | |
| Yes. | | | | | | | |
| unsecured claim, list the creditor se | eparately for each clain | phabetical order of the creditor who holds each claim. If a creditor has more than n. For each claim listed, identify what type of claim it is. Do not list claims already incleditors in Part 3.If you have more than three nonpriority unsecured claims fill out the 0 | uded in Part 1. If more | | | | |
| | | | Total claim | | | | |
| Affiliated Radiologists | SC | Last 4 digits of account number | \$713.00 | | | | |
| Nonpriority Creditor's Name Dept 4101 Carol Stream, IL 6012 | 2-4104 | When was the debt incurred? | | | | | |
| Number Street City State ZIp Who incurred the debt? Che | Code | As of the date you file, the claim is: Check all that apply | | | | | |
| ■ Debtor 1 only | | ☐ Contingent | | | | | |
| Debtor 2 only | | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | у | ☐ Disputed | | | | | |
| ☐ At least one of the debtors | and another | Type of NONPRIORITY unsecured claim: | | | | | |
| ☐ Check if this claim is for | a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offse | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| ■ No | | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| □Yes | | Hospital and or medical bills related to a Physician | | | | | |
| Affiliated Radiologists | s SC | Last 4 digits of account number | \$182.00 | | | | |
| Nonpriority Creditor's Name Dept 4101 | | When was the debt incurred? | | | | | |
| Carol Stream, IL 6012 | | As of the date you file, the claim is: Check all that apply | | | | | |
| Who incurred the debt? Che | | , | | | | | |
| ■ Debtor 1 only | | ☐ Contingent | | | | | |
| Debtor 2 only | | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | y | ☐ Disputed | | | | | |
| ☐ At least one of the debtors | and another | Type of NONPRIORITY unsecured claim: | | | | | |
| ☐ Check if this claim is for | a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offse | t? | $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| ■ No | | \square Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| ☐ Yes | | Hospital and or medical bills related to a Other. Specify Physician | | | | | |

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| Debli | Jared Anthony Minton | Case number (if know) | |
|-------|--|--|----------|
| 4.3 | Alliance One | Last 4 digits of account number | \$254.00 |
| | Nonpriority Creditor's Name POBox 3030 Anderson, IN 46018-3030 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection Services | |
| 4.4 | Arnold Harris | Last 4 digits of account number | \$487.00 |
| | Nonpriority Creditor's Name 111 W. Jackson Blvd; Ste 600 Chicago, IL 60604 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.5 | Arnold Scott Harris, P.C Atty at La | Last 4 digits of account number | \$488.00 |
| | Nonpriority Creditor's Name 222 Merchandise Mart Plaza #1932 Chicago, IL 60654 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Attorney fees, collection costs, for collection or Attorney | |

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Debtor 1 Jared Anthony Minton Case number (if know) 4.6 \$325.00 **ARS Account Resolutions** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1801 NW 66th Ave Ste 200C Fort Lauderdale, FL 33313 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Services ☐ Yes **Blitt and Gaines, PC** 4.7 Last 4 digits of account number \$351.00 Nonpriority Creditor's Name 661 Glen Ave When was the debt incurred? Wheeling, IL 60090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No Attorney fees, collection costs, for ■ Other. Specify collection or Attorney ☐ Yes 4.8 **Capital One** Last 4 digits of account number \$494.12 Nonpriority Creditor's Name PO Box 60 When was the debt incurred? Saint Cloud, MN 56302 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card Purchases ☐ Yes

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| Jared Anthony Minton | Case number (if know) | |
|--|---|------------|
| Capital One Bank Nonpriority Creditor's Name | Last 4 digits of account number | \$989.95 |
| 15000 Capital One Dr Richmond, VA 23238-1119 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| \square Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Credit Card Purchases | |
| CEFCU | Last 4 digits of account number | \$168.33 |
| Nonpriority Creditor's Name | | ******** |
| PO Box 1715 Peoria, IL 61656 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Loan | |
| City Of Chicago | Last 4 digits of account number | \$1,138.00 |
| Nonpriority Creditor's Name | | |
| 111 W. Jackson; Ste 600 | When was the debt incurred? | |
| Chicago, IL 60604 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | 7.6 of the date year me, the stand let encok an that appry | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Traffic tickets | |

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Case number (if know)

| Debtor | 1 Jared Anthony Minton | Case number (if know) | |
|--------|---|---|------------|
| 4.1 | City Of Chicago | Last 4 digits of account number | \$1,138.00 |
| | Nonpriority Creditor's Name department of Law & finance POB 88292 | When was the debt incurred? | |
| | Chicago, IL 60680 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | По | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.1 | Clerk Of The Circuit Court | Last 4 digits of account number | \$389.00 |
| | Nonpriority Creditor's Name Rolling Meadows 2121 Euclid Ave | When was the debt incurred? | |
| | Rolling Meadows, IL 60008 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | ComEd | Last 4 digits of account number | \$569.61 |
| | Nonpriority Creditor's Name Bill Payment Center Chicago, IL 60668-0001 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Utilities | |

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Case number (if know)

| DCDIO | Jared Anthony Williton | | |
|----------|---|---|------------|
| 4.1 5 | Contract Callers Inc | Last 4 digits of account number | \$120.00 |
| | Nonpriority Creditor's Name 1058 Claussen Rd Ste 110 | When was the debt incurred? | |
| | Augusta, GA 30907 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | Cook County Dept of Revenue | Last 4 digits of account number | \$2,145.00 |
| <u> </u> | Nonpriority Creditor's Name | When we the debt in some 40 | |
| | 25766 Network Place Chicago, IL 60673 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | _ | |
| | Li Tes | Other. Specify | |
| 4.1 | Credit One Bank | Last 4 digits of account number | \$1,619.04 |
| | Nonpriority Creditor's Name 7301 N. Lincoln Ave; Ste 220 Lincolnwood, IL 60712 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | ■ Other Specify Credit Card Purchases | |
| | | — Other, Specify | |

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| DCDIO | Jared Anthony William | Case Harrison (II know) | |
|-------|--|---|-------------|
| 4.1 | Discover Bank | Last 4 digits of account number | \$1,364.12 |
| | Nonpriority Creditor's Name P O Box 30397 | When was the debt incurred? | |
| | Salt Lake City, UT 84130-0397 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card Purchases | |
| 4.1 | first National Legacy | Look A divite of account mumber | \$456.00 |
| 9 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ430.00 |
| | POB 5097 | When was the debt incurred? | |
| | Sioux Falls, SD 57117 | - As of the data was file the plainties OL | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | □ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.2 | Harris & Harris | Last 4 digits of account number | \$174.00 |
| 0 | Nonpriority Creditor's Name | | |
| | PO Box 5598 | When was the debt incurred? | |
| | Chicago, IL 60680-5598 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dain is. Oneon an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify | |
| | | | |

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Case number (if know)

| 4.2 1 | Illinois Tollway | Last 4 digits of account number | \$213.00 |
|----------|--|--|----------------|
| | Nonpriority Creditor's Name 2700 Ogden Ave | When was the debt incurred? | |
| | Downers Grove, IL 60515 | Their was the dest incurred. | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Traffic Violations | |
| 1.2 | Lend Up | Last 4 digits of account number | \$238.00 |
| | Nonpriority Creditor's Name | | Ψ_00.00 |
| | 237 Kearny St #372 | When was the debt incurred? | |
| | San Francisco, CA 94108 Number Street City State Zlp Code | As of the date were file the elements OL | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 1.2 | Medical Business Bureau | Last 4 digits of account number | \$160.00 |
| 3 | Nonpriority Creditor's Name | | V.00.00 |
| | PO Box 1219 | When was the debt incurred? | |
| | Park Ridge, IL 60068-7219 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is. Oneok all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Collection Services | |

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Case number (if know)

Debtor 1 Jared Anthony Minton 4.2 \$400.00 **Meridian Partners** Last 4 digits of account number 4 Nonpriority Creditor's Name 625 N. Michigan Ave; Ste 2550 When was the debt incurred? Chicago, IL 60611 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 **Nationwide Credit & Collection Inc** \$40.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 815 Commerce Dr Ste 100 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Services ☐ Yes OSF Healthcare Patien Accts & 4.2 \$50.00 Acce Last 4 digits of account number Nonpriority Creditor's Name **OSF St Mary Medical Center** When was the debt incurred? Galesbur 7182 Solution Center Chicago, IL 60677-7001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Medical services rendered to the client

Document Page 28 of 58 Debtor 1 Jared Anthony Minton Case number (if know) 4.2 pacific Emergency Providers \$354.00 Last 4 digits of account number Nonpriority Creditor's Name **POB 1524** When was the debt incurred? Arcadia, CA 91077 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 **Palos Medical Group** \$20.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 12251 S. 80th Ave When was the debt incurred? Palos Heights, IL 60463 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 Peoples Gas/ Energy \$174.00 9 Last 4 digits of account number Nonpriority Creditor's Name 130 E. Randolph When was the debt incurred? Chicago, IL 60601 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Utilities

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

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Case number (if know) Debtor 1 Jared Anthony Minton 4.3 **Rush University Medical Center** \$154.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 75 Remittance Dr When was the debt incurred? Ste 1611 Chicago, IL 60675-1611 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Hospital and or medical bills related to a Other. Specify ☐ Yes **Physician** 4.3 \$14.00 **Rush University Medical Center** Last 4 digits of account number Nonpriority Creditor's Name 75 Remittance Dr When was the debt incurred? Ste 1611 Chicago, IL 60675-1611 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Hospital and or medical bills related to a ☐ Yes Other. Specify Physician 4.3 Sallie Mae \$40,000.00 Last 4 digits of account number Nonpriority Creditor's Name 1002 Arthur Dr When was the debt incurred? Lynn Haven, FL 32444-1683 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Student Loan, books, tuition

Other. Specify

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Case number (if know) Debtor 1 Jared Anthony Minton 4.3 **SYNCB** \$524.00 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 965007 When was the debt incurred? Orlando, FL 32896-5007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card Purchases 4.3 Synchrony Bank \$1,854.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965007 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 4.3 TCF Bank \$40.19 Last 4 digits of account number Nonpriority Creditor's Name 800 Burr Ridge Pkwv When was the debt incurred? Burr Ridge, IL 60521 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Mortgage

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Debtor 1 Jared Anthony Minton Case number (if know) 4.3 \$160.00 Tri County Emergency Phys Last 4 digits of account number 6 Nonpriority Creditor's Name 1175 Devin Dr; Ste 173 When was the debt incurred? Muskegon, MI 49441 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 University of Illinois at Chicago \$40.00 Last 4 digits of account number Nonpriority Creditor's Name College of Dentistry When was the debt incurred? 801 S Paulina M/C 621 Room 303 Chicago, IL 60612-7210 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 University of illinois at Chicago \$34.00 8 Last 4 digits of account number Nonpriority Creditor's Name Physician group When was the debt incurred? 7720 Solution Center Chicago, IL 60677 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

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Debtor 1 Jared Anthony Minton

| 4.3 | University of Illinois Medl Ctr Chi | Last 4 digits of account number | \$687.00 |
|-----|---|---|----------|
| | Nonpriority Creditor's Name 8332 Innovation Way | When was the debt incurred? | |
| | Chicago, IL 60682-0083 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Hospital and or medical bills related to a Physician | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

T. C. LOLL'S

| | | | | Total Claim |
|-----------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 290.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 290.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 40,000.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 18,721.36 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 58,721.36 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | 170.11111. | | 1() |
|---|--------------------------|-------------------|-------------|------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 Jared Anthony Minton | | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| | • | | | | |

| | | Docume | ent <u>Pade 34 d</u> | า 58 | |
|-------------------------------|--|--|-----------------------------|---------------------------------------|---|
| Fill in this | information to identify your | | | | |
| Debtor 1 | Jared Anthony M | inton | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | | | | | |
| Case numb (if known) | ber | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | l Form 106H | | | | |
| | lule H: Your Cod | ebtors | | | 12/15 |
| | 14.0 1.1. 1.041 0.04 | ODTO! O | | | .2.10 |
| ill it out, a our name | nd number the entries in the and case number (if known) | boxes on the left. Attack . Answer every question | n the Additional Page 1 | to this page. On the to | needed, copy the Additional Page, p of any Additional Pages, write |
| 1. Do y | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No □ Yes | 3 | | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana | | | | ty states and territories include) |
| ■ No. | Go to line 3. | | | | |
| ☐ Yes | s. Did your spouse, former spouse | use, or legal equivalent live | e with you at the time? | | |
| in line Form | 2 again as a codebtor only i | f that person is a guaran | ntor or cosigner. Make | sure you have listed t | ng with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The cr Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| | Number Street City | State | ZIP Code | _ | |
| | Oity | State | ZIF Code | | |
| 3.2 | | | | ☐ Schedule D, lir | |
| | Name | | | Schedule E/F, | |
| | | | | ☐ Schedule G, lir | |
| | Number Street | | _ | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify you | ır case: | | | | I | | | |
|-------------|--|---|----------------------------|--------------|------|---------------------|--------------------------|-------------------------|----------|
| | | thony Minton | | | | | | | |
| | btor 2 | | | | | | | | |
| Uni | ited States Bankruptcy Court for | the: NORTHERN DISTRI | CT OF ILLINOIS | | | | | | |
| | se number | | - | | | | ed filing nent showir | ng postpetition | |
| 0 | fficial Form 106l | | | | | MM / DD/ | YYYY | | |
| S | chedule I: Your Ir | come | | | | | | | 12/15 |
| spo atta | plying correct information. If y use. If you are separated and ch a separate sheet to this for the Describe Employment Till in your employment | your spouse is not filing w m. On the top of any addit | ith you, do not inclu | ıde infor | mati | on about your sp | ouse. If m | ore space is | needed, |
| ١. | information. | | Debtor 1 | | | Debtor | 2 or non-f | iling spouse | |
| | If you have more than one job attach a separate page with information about additional employers. | Employment status | ☐ Employed ■ Not employed | | | ☐ Emp | loyed employed | | |
| | Include part-time, seasonal, o self-employed work. | Occupation Employer's name | | | | | | | |
| | Occupation may include stude or homemaker, if it applies. | nt Employer's address | | | | | | | |
| | | How long employed t | here? | | | | | | |
| Pai | rt 2: Give Details About | Monthly Income | | | | | | | |
| spoi | mate monthly income as of th use unless you are separated. | • | , | · | | | · | · | J |
| | ou or your non-filing spouse have e space, attach a separate shee | | ombine the information | on for all (| empi | oyers for that pers | on on the I | ines below. If | you need |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, s deductions). If not paid month | | | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly or | vertime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Ad | d line 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | |

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| Deb | otor 1 | Jared Anthony Minton | _ | С | ase r | number (if known) | _ | | | | |
|-----|-----------------------|---|----------------|-----|----------|-------------------|-----|---------|----------------------|----------------|--|
| | | | | | For I | Debtor 1 | | | Debtor : filing s | 2 or spouse | |
| | Cop | y line 4 here | 4. | | \$ | 0.00 | _ | \$ | | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | 1. | \$ | 0.00 | | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | 0.00 | _ | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | :. | \$ | 0.00 | _ | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | l. | \$ | 0.00 | - | \$ | | N/A | |
| | 5e. | Insurance | 5e | ٠. | \$ | 0.00 | - | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | _ | \$ | | N/A | <u> </u> |
| | 5g. | Union dues | 5g | | \$ | 0.00 | | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$ | 0.00 | _ + | \$ | | N/A | <u>. </u> |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | , | ₿ | 0.00 | _ | \$ | | N/A | <u>-</u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | (| \$ | 0.00 | _ | \$ | | N/A | <u>. </u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0.0 | | c | 4 000 00 | | ¢ | | NI/A | |
| | 8b. | monthly net income. Interest and dividends | 8a 8b | | \$ \$ | 1,000.00 0.00 | _ | \$ | | N/A N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | \$ \$ | 0.00 | _ | * \$ | | N/A | _ |
| | 8d. | Unemployment compensation | 8d | l. | \$ | 0.00 | _ | \$ | | N/A | _ |
| | 8e. | Social Security | 8e | ٠. | \$ | 0.00 | - | \$ | | N/A | _ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Link/Food Stamps Pension or retirement income | e 8f. 8g | | \$ \$ | 194.00 0.00 | _ | \$ * | | N/A N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h | .+ | \$ | 0.00 | + | \$ | | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 1,194.00 | | \$ | | N/A | A |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | 1 | ,194.00 + \$ | | | N/A | - \$ | 1.194.00 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 1,194.00 | _ | | IN/A | _ | 1,194.00 |
| 11. | Inclu othe Do r | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | | , | | chedule 11. | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes | | | | | | | 12. | \$ | 1,194.00 |
| 12 | Do: | you expect an increase or decrease within the year ofter you file this form | | | | | | | Ĺ | Combi month | ned ly income |
| 13. | ■ □ | you expect an increase or decrease within the year after you file this form No. Yes Explain: | l f | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fill | in this information to identify your case: | | | | |
|------------|---|---|---------------|-------------------|-------------------------------|
| Deb | otor 1 Jared Anthony Minton | | Che | ck if this is: | |
| | otor 2 | | | | ving postpetition chapter |
| (Spo | ouse, if filing) | | | 13 expenses as of | the following date: |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | S | | MM / DD / YYYY | |
| | se numberknown) | | | | |
| | fficial Form 106J | | | | |
| | chedule J: Your Expenses | 98 | | | 12/1 |
| info | as complete and accurate as possible. If two married people are f ormation. If more space is needed, attach another sheet to this for mber (if known). Answer every question. | | | | |
| Pari | rt 1: Describe Your Household Is this a joint case? | | | | |
| | ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses fo</i> . | r Separate House | hold of Deb | otor 2. | |
| 2. | Do you have dependents? ■ No | | | | |
| | | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | | | | □ Yes □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | - | | | | ☐ Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include ■ No | | | | □ 1es |
| | expenses of people other than yourself and your dependents? | | | | |
| Est exp | tt 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you penses as of a date after the bankruptcy is filed. If this is a suppler plicable date. | | | | |
| the | clude expenses paid for with non-cash government assistance if you are value of such assistance and have included it on Schedule I: You official Form 106I.) | | | Your exp | enses |
| 4. | The rental or home ownership expenses for your residence. Incl payments and any rent for the ground or lot. | ude first mortgage | 9 4. 9 | B | 900.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. S | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. 9 | | 0.00 |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as home | equity loans | 4d. 9 5. 9 | · | 0.00 |
| Ο. | reactional mortgage payments for your residence, such as none | , caulty idalia | υ | | v.vv |

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| btor 1 Jared Anthony Minton | Case number (if known) | |
|---|---------------------------------------|--------------------------|
| Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 150.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 120.00 |
| 6d. Other. Specify: Cable | 6d. \$ | 27.00 |
| Cable/Internet/Phone | \$ | 45.00 |
| Food and housekeeping supplies | | 250.00 |
| Childcare and children's education costs | 8. \$ | 0.00 |
| Clothing, laundry, and dry cleaning | 9. \$ | 98.00 |
| Personal care products and services | 10. \$ | |
| | 11. \$ | 124.00 55.00 |
| . Medical and dental expenses . Transportation. Include gas, maintenance, bus or train fare. | Π. φ | 55.00 |
| Do not include car payments. | 12. \$ | 150.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| Charitable contributions and religious donations | 14. \$ | 0.00 |
| . Insurance. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 92.00 |
| 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| . Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | 16. \$ | 0.00 |
| Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: | 17c. \$ | 0.00 |
| 17d. Other. Specify: | 17d. \$ | 0.00 |
| . Your payments of alimony, maintenance, and support that you did not report a | | 0.00 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I) | | 0.00 |
| Other payments you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | 19. | |
| Other real property expenses not included in lines 4 or 5 of this form or on Sch | nedule I: Your Income. 20a. \$ | 0.00 |
| 20a. Mortgages on other property | · | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| Other: Specify: | 21. +\$ | 0.00 |
| . Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 2,011.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 2,011.00 |
| 226. Add line 228 and 226. The result is your monthly expenses. | Ψ | 2,011.00 |
| . Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 1,194.00 |
| 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 2,011.00 |
| | | · · |
| 23c. Subtract your monthly expenses from your monthly income. | 20. | 017 00 |
| The result is your monthly net income. | 23c. \$ | -817.00 |
| Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect yo modification to the terms of your mortgage? No. | | se or decrease because o |
| ☐ Yes. Explain here: | | |

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| Fill in this info | rmation to identify your | case. | | | |
|---------------------------------|--|--------------------------|----------------------------|---------------------------|---|
| Debtor 1 | | | | | |
| Deptor 1 | Jared Anthony M First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | m 106Dec | | | | |
| Declara | tion About a | n Individua | I Debtor's S | chedules | 12/15 |
| years, or both. | 18 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | in uptey ease can result | t in fines up to \$250,00 | 00, or imprisonment for up to 20 |
| Did you p | ay or agree to pay some | one who is NOT an atto | orney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | kruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| | alty of perjury, I declare are true and correct. | that I have read the sur | nmary and schedules fi | led with this declaration | on and |
| X /s/ Ja | red Anthony Minton | | x | | |
| Jared | I Anthony Minton ure of Debtor 1 | | Signature of | of Debtor 2 | |

Date

Date March 21, 2016

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| Fill i | n this information to ident | tify your case: | | | | |
|------------------------|---|---|----------------------------|--|--|---|
| Debt | | hony Minton | | | | |
| Debt | First Name | Mi | ddle Name | Last Name | | |
| | se if, filing) First Name | Mi | ddle Name | Last Name | | |
| Unite | ed States Bankruptcy Court | for the: NORTH | HERN DISTRICT | OF ILLINOIS | | |
| 0 | | | | | | |
| (if know | e number wn) | | <u> </u> | | | Check if this is an amended filing |
| | icial Form 107 tement of Finan | cial Affairs | s for Indivi | duals Filing for | Bankruptcy | 12/1 |
| inforr numb Part | mation. If more space is r per (if known). Answer eve | needed, attach a s ery question. Your Marital Statu | separate sheet to | o this form. On the top of a | re equally responsible for si any additional pages, write y | |
| _ | _ | ai status : | | | | |
| [| ☐ Married | | | | | |
| • | Not married | | | | | |
| 2. [| During the last 3 years, ha | ive you lived anyv | where other than | n where you live now? | | |
| [| □ No | | | | | |
| ı | Yes. List all of the place | es you lived in the | last 3 years. Do | not include where you live n | OW. | |
| | Debtor 1 Prior Address: | | Dates Debtor | 1 Debtor 2 Prior | Address: | Dates Debtor 2 lived there |
| | 713 W. 16th Street Chicago, IL 60616 | | From-To: | ☐ Same as Debto | or 1 | ☐ Same as Debtor 1 From-To: |
| | s and territories include Ariz No ☐ Yes. Make sure you fill | ona, California, Ida | aho, Louisiana, N | evada, New Mexico, Puerto | unity property state or territo Rico, Texas, Washington and | |
| F | Fill in the total amount of inc | come you received | from all jobs and | ing a business during this all businesses, including pa ve together, list it only once | | lendar years? |
| [| □ No | | | | | |
| ı | Yes. Fill in the details. | | | | | |
| | | Debtor 1 | | | Debtor 2 | |
| | | | of income I that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | n January 1 of current yea late you filed for bankrup | | s, commissions, tips | \$2,415.00 | | |
| | | ■ Opera | ating a business | | ☐ Operating a business | |

Official Form 107

Case 16-10811 Doc 1 Filed 03/30/16 Entered 03/30/16 10:29:06 Desc Main Page 41 of 58 Document ase number (if known) Debtor 1 **Jared Anthony Minton** Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$12,413.00 ☐ Wages, commissions, □ Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: \$20,351.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below... (before deductions and Describe below. (before deductions exclusions) and exclusions) List Certain Payments You Made Before You Filed for Bankruptcy

| 6. | Are either Debtor 1's or Debtor | 2's debts primarily consumer debts? | |
|----|---------------------------------|-------------------------------------|--|
|----|---------------------------------|-------------------------------------|--|

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

 \square No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Amount vou Creditor's Name and Address Dates of payment Total amount Was this payment for ... paid still owe **RENT** \$900 per month in \$0.00 \$0.00 ☐ Mortgage rent ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other

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| Debto | or 1 | Jared Anthony Minton | Document | Page 42 of 58 | se number (<i>if known</i>) | | |
|--------------|-----------------|--|---|---|--|---------------------------------|--|
| li o a | nside of whi | n 1 year before you filed for bankruptoers include your relatives; any general parich you are an officer, director, person in iness you operate as a sole proprietor. 17 ny. | rtners; relatives of any ger control, or owner of 20% of | neral partners; partners partners or more of their voting | erships of which you g securities; and ar | u are a genera ny managing a | al partner; corporation agent, including one fo |
| | | No Yes. List all payments to an insider | | | | | |
| 1 | Insid | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| iı | nside nclud | le payments on debts guaranteed or cosi | | ments or transfer a | any property on ac | count of a d | ebt that benefited an |
| | _ | No Yes. List all payments to an insider | | | | | |
| _ | | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| Part 4 | 4- | Identify Legal Actions, Repossession | e and Forcelosures | para | Still OWC | morade orde | and a name |
| n • | I N | ications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of th | ne case |
| | Check | n 1 year before you filed for bankrupto all that apply and fill in the details below | | erty repossessed, f | oreclosed, garnis | hed, attached | d, seized, or levied? |
| | ۱ ر | Yes. Fill in the information below. | | | | | |
| • | Cred | litor Name and Address | Describe the Property | | Date | | Value of the property |
| | E 0 | n 90 days before you filed for bankrup unts or refuse to make a payment beca No Yes. Fill in the details. | | | nancial institution | , set off any a | amounts from your |
| • | | litor Name and Address | Describe the action the | e creditor took | Date a | action was | Amount |
| | | n 1 year before you filed for bankrupto -appointed receiver, a custodian, or ar | | erty in the possess | ion of an assigned | e for the bene | efit of creditors, a |
| | _ | No Yes | | | | | |
| Part : | 5: | List Certain Gifts and Contributions | | | | | |
| 13. V | _ | n 2 years before you filed for bankrupt | tcy, did you give any gift | s with a total value | of more than \$600 | 0 per person | ? |
| |] \ | Yes. Fill in the details for each gift. | | | | | |

Person to Whom You Gave the Gift and Address:

Gifts with a total value of more than \$600

Describe the gifts

Value

per person

Dates you gave the gifts

Case 16-10811 Doc 1 Filed 03/30/16 Entered 03/30/16 10:29:06 Desc Main Page 43 of 58 Document ase number (if known) Debtor 1 Jared Anthony Minton 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You \$365.00 \$365.00 Niebuhr Law Firm PO Box 10407 Peoria, IL 61612-0407 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.

Address

Official Form 107

Person Who Received Transfer

Person's relationship to you

Description and value of

property transferred

Describe any property or

paid in exchange

payments received or debts

Date transfer was

made

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Debtor 1 **Jared Anthony Minton**

| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No | | y property to a sel | lf-settled trust or similar device | of which you are a |
|-----|--|--|----------------------------|---|---|
| | ☐ Yes. Fill in the details. | | | | |
| | Name of trust | Description and v | alue of the proper | ty transferred | Date Transfer was made |
| Par | List of Certain Financial Accounts, Ins | truments, Safe Deposit | Boxes, and Stora | ge Units | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o | • | | • | |
| | houses, pension funds, cooperatives, associ | | | • , | , • |
| | Yes. Fill in the details. | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed for | bankruptcy, any s | safe deposit box or other depos | sitory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | escribe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit o | r place other than your | home within 1 yea | ar before you filed for bankrupt | су |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | escribe the contents | Do you still have it? |
| Par | 9: Identify Property You Hold or Control | for Someone Else | | | |
| 23. | Do you hold or control any property that sor for someone. | meone else owns? Inclu | ude any property y | rou borrowed from, are storing | for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the property | Value |
| Par | 10: Give Details About Environmental Info | , | | | |
| For | he purpose of Part 10, the following definition | ons apply: | | | |
| | Environmental law means any federal, state, toxic substances, wastes, or material into th regulations controlling the cleanup of these | e air, land, soil, surface | e water, groundwa | • | |
| | Site means any location, facility, or property | - | environmental law, | , whether you now own, operat | e, or utilize it or used |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 **Jared Anthony Minton**

| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
|-----|--|---|--|------------------------|---|--------------------|--|--|
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP C | Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental u | ınit of any | release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP 0 | Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial | or adminis | trative proceeding under any envi | ironı | mental law? Include settlements | and orders. | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | |
| Par | t 11: Give Details About Your Busine | ss or Coni | nections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bar | nkruptcy, d | lid you own a business or have ar | ny of | the following connections to any | / business? | | |
| | ☐ A sole proprietor or self-empl | oyed in a t | rade, profession, or other activity, | , eith | ner full-time or part-time | | | |
| | ☐ A member of a limited liability | company | (LLC) or limited liability partnersh | ip (L | LP) | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or manag | ing executi | ive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | No. None of the above applies. C | So to Part 1 | 12. | | | | | |
| | ☐ Yes. Check all that apply above a | ınd fill in th | ne details below for each business | s. | | | | |
| | Business Name Address | Des | scribe the nature of the business | | Employer Identification numbe Do not include Social Security | | | |
| | (Number, Street, City, State and ZIP Code) | Naı | me of accountant or bookkeeper | Dates business existed | | number of tritt. | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | ude all financial | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | | |
| | (| | | | | | | |

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Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

18 Jared Anthony Minton

Jared Anthony Minton

Signature of Debtor 2

Signature of Debtor 1

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Date

■ No □ Yes

Date March 21, 2016

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| | | | 3 | | | |
|---|---|---------------------|--|---|--|--|
| Fill in this inform | mation to identify your | case: | | | | |
| Debtor 1 | Jared Anthony M | nton | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIST | TRICT OF ILLINOIS | | | |
| Case number (if known) | | | | ☐ Check if this is an amended filing | | |
| | Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7 12/15 | | | | | |
| | ividual filing under cha e claims secured by yo | . • | l out this form if: | | | |
| You must file thi whiche | you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form | | | | | |
| | eople are filing together and date the form. | in a joint case, bo | th are equally responsible for supplying correc | t information. Both debtors must | | |
| write y | our name and case nun | nber (if known). | s needed, attach a separate sheet to this form. O | On the top of any additional pages, | | |
| Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. | | | | | | |
| | editor and the property the | nat is collateral | What do you intend to do with the property to secures a debt? | hat Did you claim the property as exempt on Schedule C? | | |
| Creditor's | | | ☐ Surrender the property. | □ No | | |
| name: | | | ☐ Retain the property and redeem it. | □Yes | | |
| Description of | | | ☐ Retain the property and enter into a Reaffirmation Agreement. | _ 100 | | |

property ☐ Retain the property and [explain]: securing debt: Creditor's □ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. ☐ Yes \square Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Creditor's □ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. ☐ Yes \square Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Creditor's \square Surrender the property. □ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 | Jared Anthony Minton | Case number (if kn | own) |
|----------------------------------|---|---|---------------------------------------|
| prope | ription of | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |
| n the int | formation below. Do not list real estate leas | eases I listed in Schedule G: Executory Contracts and Unex ses. Unexpired leases are leases that are still in effect ease if the trustee does not assume it. 11 U.S.C. § 365 | ; the lease period has not yet ended. |
| Describ | e your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's Descript Property | tion of leased | | □ No |
| Lessor's Descript Property | tion of leased | | □ No □ Yes |
| Lessor's Descript Property | tion of leased | | □ No □ Yes |
| Lessor's Descript Property | tion of leased | | □ No |
| Lessor's Descript Property | tion of leased | | □ No |
| Lessor's Descript Property | tion of leased | | □ No |
| Lessor's Descript Property | tion of leased | | □ No |
| Part 3: Jnder pe | Sign Below enalty of perjury, I declare that I have indica | ated my intention about any property of my estate tha | |
| X /s/ Ja Sig | Jared Anthony Minton red Anthony Minton inature of Debtor 1 | Signature of Debtor 2 | |
| Da | te March 21. 2016 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-10811 Doc 1 Filed 03/30/16 Entered 03/30/16 10:29:06 Desc Main Document Page 53 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | e Jared Anthony Minton | | Case No. | | |
|-------|--|---|--|-------------------------------------|--|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COM | IPENSATION OF ATTOR | NEY FOR DE | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the rendered on behalf of the debtor(s) in contemplation. | e filing of the petition in bankruptcy, o | or agreed to be paid | to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | \$ | 365.00 | |
| | Prior to the filing of this statement I have rece | eived | \$ | 365.00 | |
| | | | | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed | compensation with any other person u | nless they are meml | bers and associates of my law firm. | |
| | ☐ I have agreed to share the above-disclosed concopy of the agreement, together with a list of t | | | | |
| 5. | In return for the above-disclosed fee, I have agree | d to render legal service for all aspects | of the bankruptcy c | ase, including: | |
| | a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule c. Representation of the debtor at the meeting of d d. [Other provisions as needed] Preparation and filing of reaffirmation | s, statement of affairs and plan which is creditors and confirmation hearing, and | may be required; I any adjourned hear | | |
| 6. | By agreement with the debtor(s), the above-disclosed fee does not include the following service: Negotiations with secured creditors to reduce to market value; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. | | | | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement bankruptcy proceeding. | of any agreement or arrangement for p | payment to me for re | epresentation of the debtor(s) in | |
| N | March 21, 2016 | /s/ Karl R. Niebuhr | | | |
| I | Date | Karl R. Niebuhr | | | |
| | | Signature of Attorney Niebuhr Law Firm | | | |
| | | PO Box 10407 | 407 | | |
| | | Peoria, IL 61612-04 (309) 689-0787 Fa | | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Jared Anthony Minton | | Case No. | | | |
|-------|--|---|--------------------------------|---------------|--|--|
| | | Debtor(s) | Chapter 7 | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | |
| | | Number of Creditors:3 | | | | |
| | The above-named Debtor(s) h (our) knowledge. | ereby verifies that the list of credito | ors is true and correct to the | he best of my | | |
| Date: | March 21, 2016 | /s/ Jared Anthony Minton Jared Anthony Minton Signature of Debtor | | | | |

Affiliated Radiologists SC Dept 4101 Carol Stream, IL 60122-4104

Alliance One POBox 3030 Anderson, IN 46018-3030

Arnold Harris 111 W. Jackson Blvd; Ste 600 Chicago, IL 60604

Arnold Scott Harris, P.C Atty at La 222 Merchandise Mart Plaza #1932 Chicago, IL 60654

ARS Account Resolutions 1801 NW 66th Ave Ste 200C Fort Lauderdale, FL 33313

Blitt and Gaines, PC 661 Glen Ave Wheeling, IL 60090

Capital One PO Box 60 Saint Cloud, MN 56302

Capital One Bank 15000 Capital One Dr Richmond, VA 23238-1119

CEFCU PO Box 1715 Peoria, IL 61656

City Of Chicago 111 W. Jackson; Ste 600 Chicago, IL 60604

City Of Chicago department of Law & finance POB 88292 Chicago, IL 60680 Clerk Of The Circuit Court Rolling Meadows 2121 Euclid Ave Rolling Meadows, IL 60008

ComEd Bill Payment Center Chicago, IL 60668-0001

Contract Callers Inc 1058 Claussen Rd Ste 110 Augusta, GA 30907

Cook County Dept of Revenue 25766 Network Place Chicago, IL 60673

Credit One Bank 7301 N. Lincoln Ave; Ste 220 Lincolnwood, IL 60712

Discover Bank P O Box 30397 Salt Lake City, UT 84130-0397

first National Legacy POB 5097 Sioux Falls, SD 57117

Harris & Harris PO Box 5598 Chicago, IL 60680-5598

Illinois Department of Revenue PO Box 19043 Springfield, IL 62794-9043

Illinois Tollway 2700 Ogden Ave Downers Grove, IL 60515

Internal Revenue Service AUR Correspondence 5-E08-113 Philadelphia, PA 19255-0521 Lend Up 237 Kearny St #372 San Francisco, CA 94108

Medical Business Bureau PO Box 1219 Park Ridge, IL 60068-7219

Meridian Partners 625 N. Michigan Ave; Ste 2550 Chicago, IL 60611

Nationwide Credit & Collection Inc 815 Commerce Dr Ste 100 Oak Brook, IL 60523

OSF Healthcare Patien Accts & Acce OSF St Mary Medical Center Galesbur 7182 Solution Center Chicago, IL 60677-7001

pacific Emergency Providers POB 1524 Arcadia, CA 91077

Palos Medical Group 12251 S. 80th Ave Palos Heights, IL 60463

Peoples Gas/ Energy 130 E. Randolph Chicago, IL 60601

Rush University Medical Center 75 Remittance Dr Ste 1611 Chicago, IL 60675-1611

Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444-1683

SYNCB PO Box 965007 Orlando, FL 32896-5007 Synchrony Bank PO Box 965007 Orlando, FL 32896

TCF Bank 800 Burr Ridge Pkwy Burr Ridge, IL 60521

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University of illinois at Chicago Physician group 7720 Solution Center Chicago, IL 60677

University of Illinois Medl Ctr Chi 8332 Innovation Way Chicago, IL 60682-0083